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ABSTRACT

Text, illustrations and exercises are utilized in this set of six learning modules dealing with health topics of interest to the general public. The first module, "Do You Know Your Rights as a Patient?" by Gisele Edgerly, details the personal and financial rights of hospital patients. The second module, "The Consumer's Guide to Hearing Health Care or Do Something about Your Hearing" by Dale Anne Spears, describes the respective roles of the physician, audiologist, and hearing aid dispenser in diagnosing and treating patients with hearing disorders. The third module, "The Importance of Women Receiving Regular Pap Smears" by Jane Green, describes pap smear procedures, identifies the facilities where women may receive tests, and discusses the attitudinal problems which often prevent women from obtaining pap tests. The fourth module, "Don't Stick Me with That Needle!" was designed by Linda L. Kundert to ameliorate children's fears of having their blood drawn by a phlebotomist. The fifth module, "Alcohol and You" by Michele D. Sandro, describes the physiological effects of alcoholic beverages. The sixth module, "The Venereal Diseases" by Kathy Gunn, examines the prevention of venereal diseases, their symptoms, and provisions for treatment. The modules, which each take 30 minutes to complete, provide reinforcement exercises with immediate feedback and post-tests with answer keys. (JP)

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HEALTH INSTRUCTION PACKAGES:

HEALTH EDUCATION FOR CONSUMERS

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DO YOU KNOW YOUR RIGHTS AS A PATIENT?

by

Gisele Edgerly, RRA
Lauren Richardson, Illustrator

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TITLE OF PACKAGE:	Do You Know Your Rights As A Patient?
AUTHOR:	Gisele Edgerly, RRA
INSTITUTION:	Cuyahoga Community College, Cleveland, Ohio
INTENDED STUDENTS:	Consumer
ESTIMATED WORKING TIME:	10 minutes
MATERIALS NEEDED:	None
REVISED:	July 15, 1977

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Many people fail to recognize their rights as a patient. Did you know that you do have rights? Probably not. Your privacy and your pocketbook may be invaded without you even knowing about it. A patient who understands and participates in his health care usually achieves better results. Let's take a look at what you should know as a patient.

If you have any questions about your rights after reading this package, contact the U. S. Department of Health, Education and Welfare.

Regardless of your race, color, religion, national origin or source of payment, you have the right to the best possible care for your problem. Discrimination is not allowed what-so-ever.

You have the right to expect respect from all health personnel. They must listen to you and answer any questions you may have.

Practice Question # 1

If you are poor, can you be discriminated against while you are hospitalized?

Feedback

No. You have the right of respect.

Interesting? Read further. You will be glad you did!

If you would like more information concerning your hospital stay, just ask. Your physician must explain everything to you. This includes any testing to be done. You have the right to know why these tests are being done.

If you are having surgery, you have the right to know exactly what will be done, why, and by whom. If you want the surgery to be done, you must sign a consent form giving the surgeon permission to operate. On the same hand, you have the right to refuse such surgery.

Practice Question #2

1) Do you have the right to know why you are having surgery?

2) Must you give consent for any surgery?

Feedback

1) Yes! You have the right to know and also the right to refuse such surgery.

2) Yes! A physician may not perform surgery unless you give him written permission.

Getting better? Great!

Privacy (confidentiality). That is a big right that you have. No one may talk about your problem to anyone. Your hospital medical record is also private. Anyone wishing to see your record must obtain signed permission from you to view the record. The only exceptions to this are your physician so he may treat you further, and individuals such as nurses who are providing care under the direction of your physician. Also if the record is subpoenaed by the court to appear in a law suit.

You are entitled to have privacy by having the curtains drawn, no visitors allowed, private room, to know who and why anyone besides your physician is examining you. You may also refuse to have anyone but your physician examine you.

Practice Question #3

Must you be examined by anyone that your physician wants?

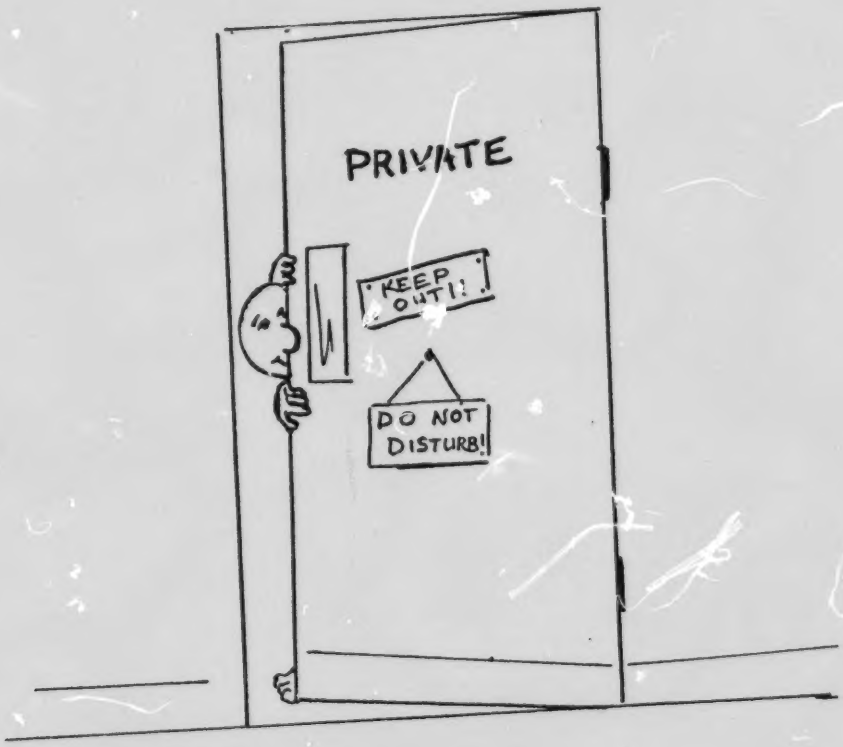
_____

_____

Feedback

No. If you don't want anyone but your physician, you don't have to.

How about that! Let's venture further.



You have the right to leave the hospital even if your doctors advise against it. Only if you are carrying an infectious disease or are mentally incapable to act for yourself, can the hospital and physician make you stay. They can do this by obtaining a court order. If you decide to leave before your doctor advises it, the hospital and doctor can not be held responsible and you will be asked to sign a form saying that you left against medical advice.

Practice Question # 4

Can you leave the hospital at any time?

Feedback

Yes. Only if you are mentally incapable to care for yourself or if you are carrying an infectious disease, can a physician and hospital make you stay.

Want to know about your hospital bill? Proceed to the next page and you will find out!

You have the right to examine and receive an explanation of any hospital charges related to your care. Information regarding an application for financial assistance must also be made available to you.

Practice Question #5

May you examine your hospital bill?

Feedback

Yes. Any charges must be accounted for and explained to you.

Ready to test yourself on your rights as a patient? Let's find out. Please take the short post-test on page 13. You may check your answers on page 14.

POST-TEST

1. May you read your own medical record?

2. Can you refuse an operation?

3. Can you be discriminated against?

4. Does a physician have the right to keep you in a hospital?

5. Must your hospital bill be explained to you?

Feedback

1. Yes.

2. Yes.

3. No.

4. No, unless you have an infectious disease or are mentally incapable of caring for yourself.

5. Yes.

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THE CONSUMER'S GUIDE TO HEARING HEALTH CARE

OR

DO SOMETHING ABOUT YOUR HEARING

By

Dale Anne Spears, M.A.

Lauren Richardson, Illustrator

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TITLE OF PACKAGE:	The Consumer's Guide to Hearing Health Care
AUTHOR:	Dale Anne Spears, M.A.
INSTITUTION:	Sacramento Hearing Services Center, Inc. Sacramento, Calif.
INTENDED STUDENTS:	Adults who suspect a hearing loss
ESTIMATED WORKING TIME:	20 minutes
MATERIALS NEEDED:	None
REVISED:	Oct. 15, 1977

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INTRODUCTION

During the next few minutes, as you read this booklet, you will learn about the professional people involved in the diagnosis and the treatment of a hearing loss.

This booklet is designed to help you do something about that hearing problem you may suspect you have or that your family has been telling you that you have.

We hope that after reading this booklet you will feel more confident about consulting the different professionals who offer hearing health care and that you will develop some appreciation for the important role that each professional plays in helping you with your hearing problem.

There are many complaints that may indicate the presence of a hearing loss. You, or someone you know, may complain of not being able to hear certain sounds (the telephone, a small bell or a watch ticking). Many people complain that speakers are impolite and mumble or turn their backs while talking. Some people have difficulty understanding only when there is background noise. These complaints may indicate the presence of a hearing loss and should be followed up with a hearing test to confirm or deny the suspicions.

Some complaints are so serious that medical attention should be the first course of action. A sudden hearing loss or a loss in only one ear are examples of these complaints (i.e. "One morning I woke up and just couldn't hear too well."). Pain in the ears, especially if accompanied by draining of blood or any fluid should receive medical attention. So should severe ringing and/or dizzy spells whether they are accompanied by a hearing loss or not. Any hearing loss that fluctuates or changes suddenly should receive medical attention.

1. Let's see if you can recognize some complaints that require a physician's observation. Which of the following typical hearing complaints are of this type?

a) My ears hurt and sometimes bleed.

b) I have trouble understanding the voices of women and children.

c) Sometimes I get very dizzy and don't seem to hear well. These "spells" can last for several hours or days.

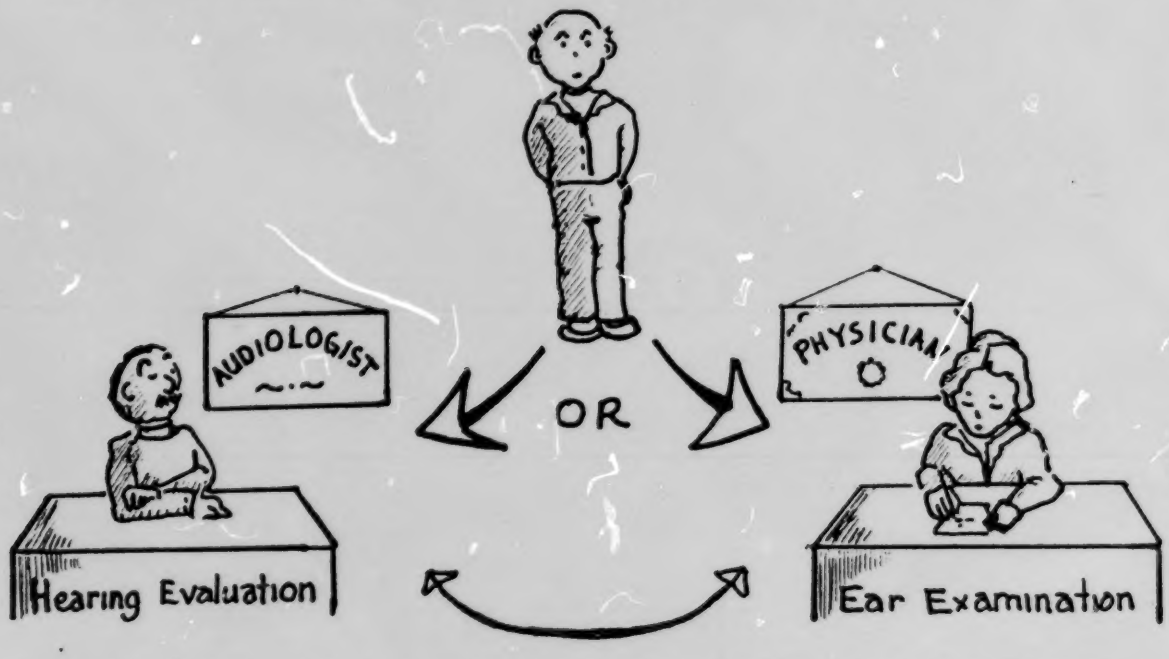
d) I can't understand the television.

If you picked complaints a) and c), you are correct. Both of these complaints could indicate a serious medical problem and should be seen by a doctor.

If you or a friend recognize some of these typical complaints, and you feel you may have a hearing loss, or if your hearing has already been screened and your suspicions have been confirmed, the information that follows should help you find your way to some appropriate care for your hearing.

Depending on your complaint about your hearing loss, you may either see your doctor first or an audiologist. If you answered "yes" to question a) or c), you will want to see your physician. He may send you to another doctor who specializes in treatment of the ears called an otologist. If your complaints are "having difficulty understanding the television," or "women and children" you may wish to see an audiologist first. An audiologist is not a medical doctor but has special training, and in many states a license, to test hearing and teach rehabilitative skills to the hearing-impaired person, like lip-reading. The doctor and the audiologist work very closely in deciding how to care for your hearing loss.

The doctor will examine your ears and refer you to an audiologist for a hearing evaluation, OR/ the audiologist will administer a hearing evaluation and refer you to the doctor for an ear examination.



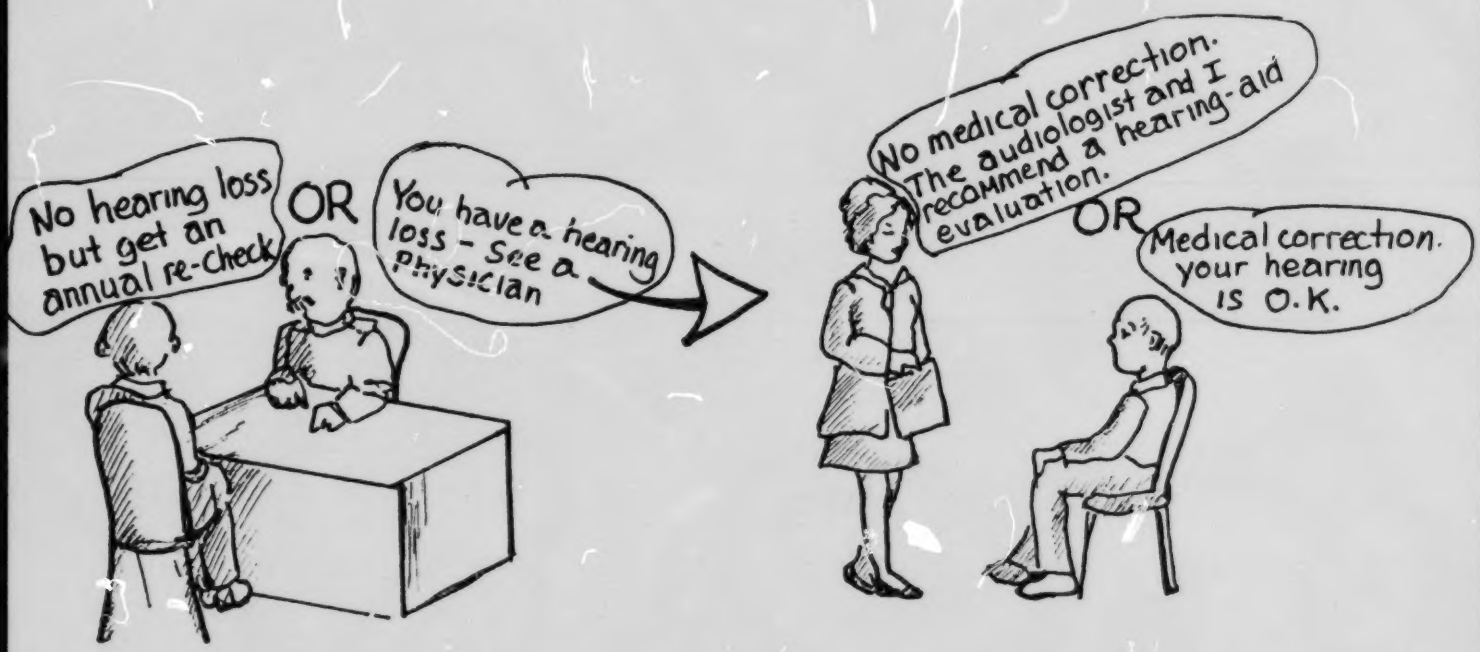
2. Let's try another question.. What kind of test will the audiologist give you?

_____ What kind of examination will the doctor give you?

_____

Answer: An audiologist will test hearing. A doctor will physically examine the ears.

If the hearing loss is confirmed by both the doctor and the audiologist but cannot be corrected medically, the doctor and the audiologist may agree upon a hearing aid evaluation. This test, administered by the audiologist, will determine if your hearing loss can be helped by a hearing aid, and if so, the type of hearing aid that will most help you.


No hearing loss but get an annual re-check
OR
You have a hearing loss - See a physician
No medical correction. The audiologist and I recommend a hearing-aid evaluation.
OR
Medical correction. your hearing is O.K.

3. Another question. What does a hearing aid evaluation tell you?

A. _____

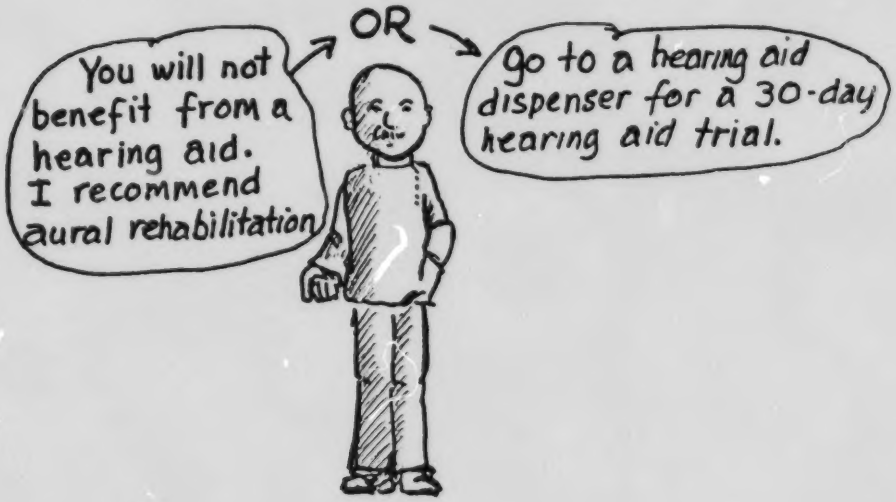
B. _____

Answer: A hearing aid evaluation tells

A. If a hearing aid will help yo

B. What type of hearing aid will help most.

If the hearing aid evaluation indicates that a hearing aid will be of benefit, the audiologist will refer you to the hearing aid dispenser for a 30-day trial period with a certain type of hearing aid. OR/ if the hearing aid evaluation indicates that you will not benefit from a hearing aid, he may ask you to attend som special classes called aural rehabilitation classes where he will teach you to lipread and to use the hearing you have to understand better.


You will not benefit from a hearing aid. I recommend aural rehabilitation
OR
Go to a hearing aid dispenser for a 30-day hearing aid trial.

4. Next question: If you and the audiologist decide to try a hearing aid, where will the audiologist send you for a 30-day trial with the hearing aid?

Answer: That's right, the audiologist will refer you to a hearing aid dispenser for your trial period.

The hearing aid dispenser will fit the hearing aid and help you adjust to it. He will refer you back to the audiologist for a post-fitting re-check of the hearing aid. If both you and the audiologist agree that the hearing aid is helping you, the audiologist will recommend that you purchase the hearing aid. OR/ if you both agree that the hearing aid is not helping, you both may decide not to purchase the hearing aid but to seek help through aural rehabilitation.

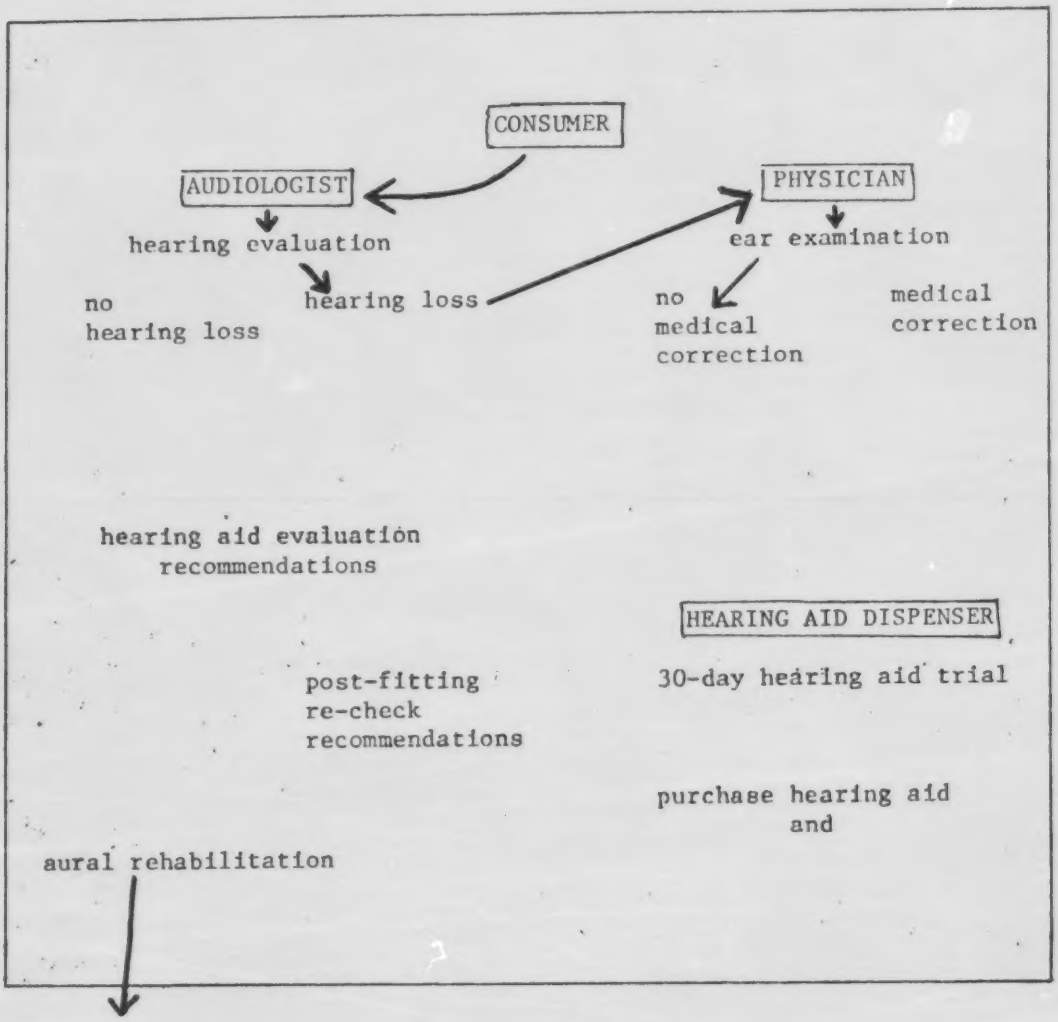
HEARING AID DISPENSER
I'm fitting you for a 30-day trial.
Now go back to the Audiologist for a post-fitting re-check.
OR
Well, the hearing aid is helping you- I recommend that you purchase it.
I'm afraid its not helping. I suggest aural rehabilitation.

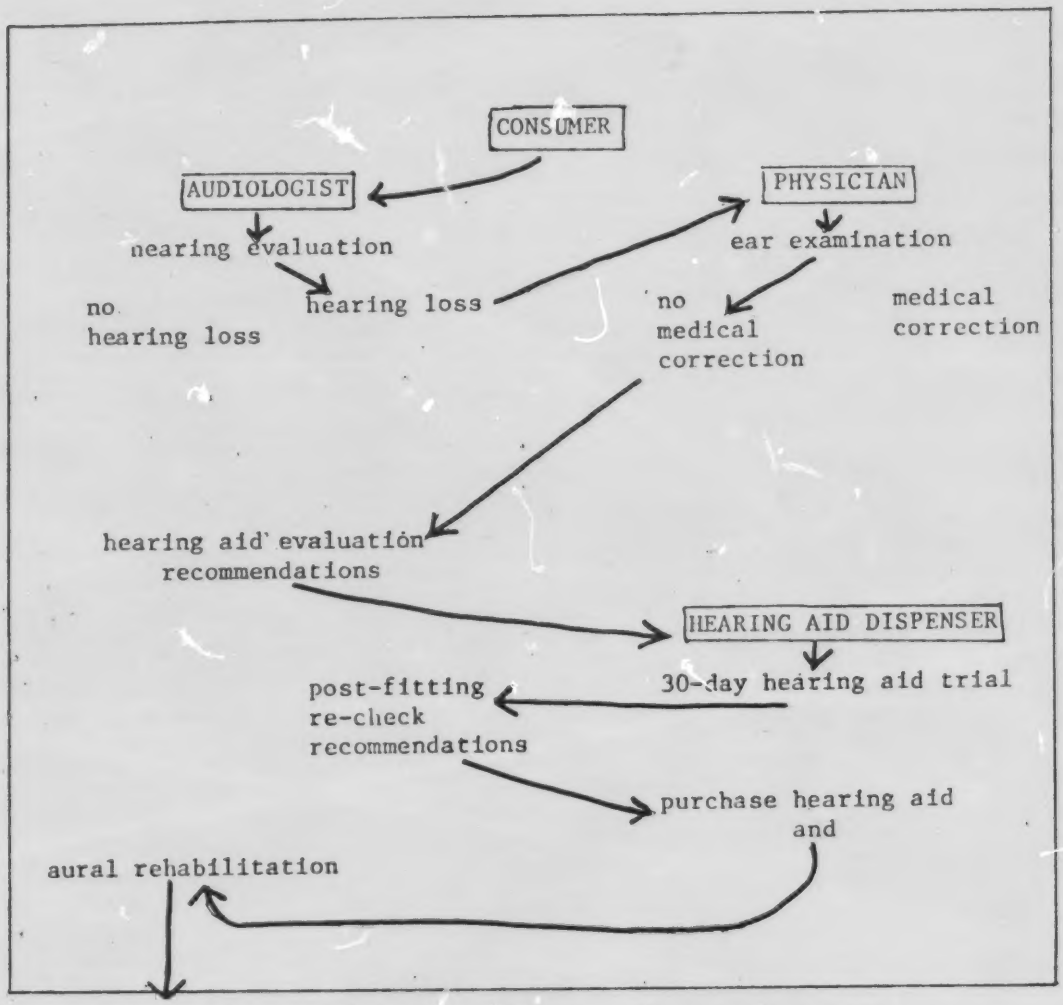
5. Next question: What happens if you try a hearing aid and it doesn't help?

Answer: If you try a hearing aid and it doesn't seem to help, aural rehabilitation lessons given by the audiologist may teach you to live more comfortably with your hearing loss.

As a final step to make certain that you adjust to your hearing loss and your new hearing aid, the audiologist may ask you to attend some aural rehabilitation lessons. These lessons are often helpful for people who wear hearing aids. They can help you adjust to the new amplified sound and teach you some lipreading to add to what you hear.

6. Let's see if you can help yourself in the process of doing something about your hearing loss. On the chart below, you have seen the audiologist for the hearing evaluation and he has confirmed your hearing loss. From there you went to the doctor and found no medical cure but the doctor suggested that you try a hearing aid. Complete the chart until you purchase a hearing aid and begin attending aural rehabilitation lessons.





Here is the answer to the problem on the previous page.

If you had any problems with it, try reading through the

booklet again to find where you had difficulty and why.

POST-TEST

Let's find out if we taught you anything. Can you recall the answers to these questions?

1. The following is a list of complaints often voiced by people with hearing losses. Circle the four complaints that are serious enough to receive immediate medical attention.

   a) I can hear people but sometimes I just can't understand them.

   b) My ears ache a lot and they frequently drain a heavy sticky substance.

   c) I just woke up one morning and couldn't hear too well.

   d) When the television is on, I have trouble hearing other people talk.

   e) My ears ring all the time and I have dizzy spells that may last as long as a few days.

   f) I hear fine, but people mumble these days.

   g) My hearing changes. Some days I hear everything and some days I can't even hear the alarm clock.

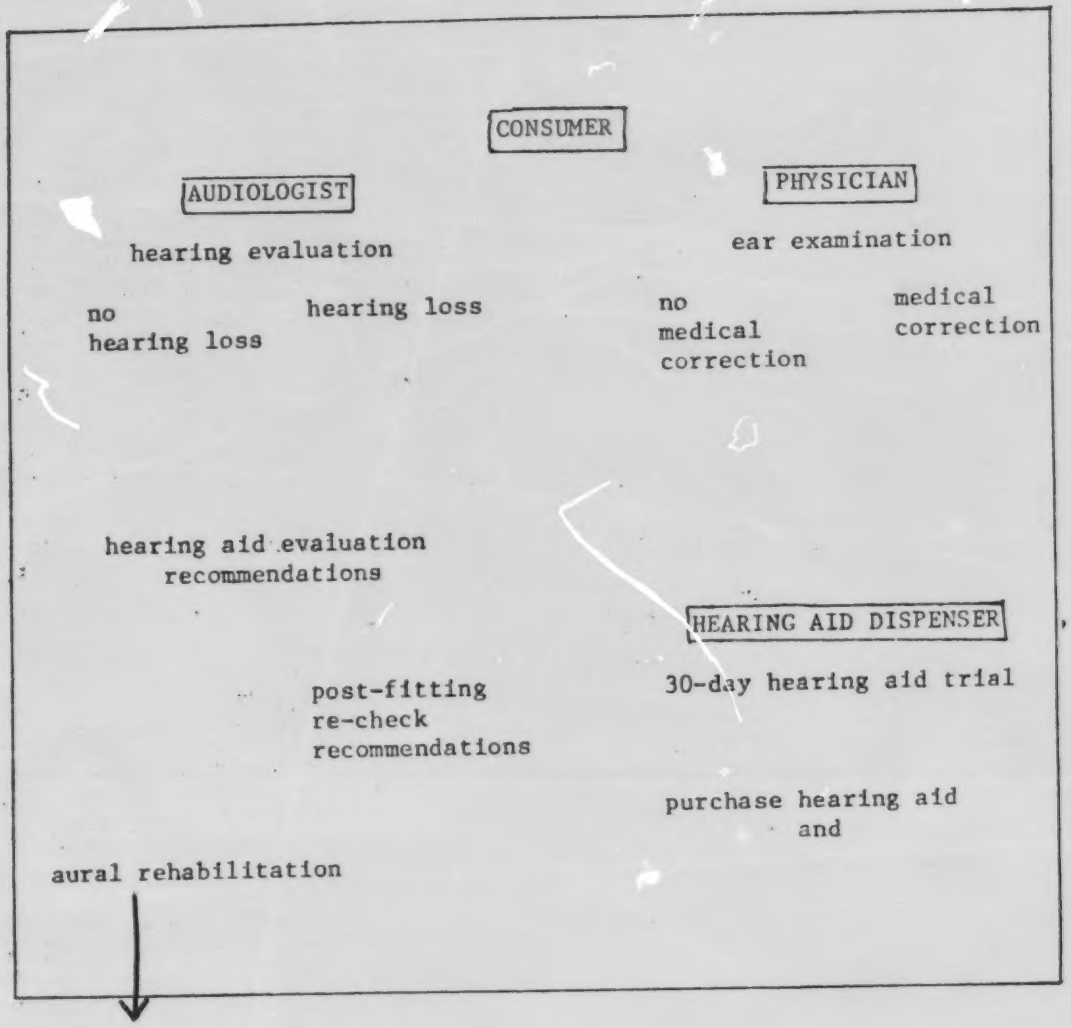
2. Does the audiologist examine your ears or evaluate your hearing?

   _____.

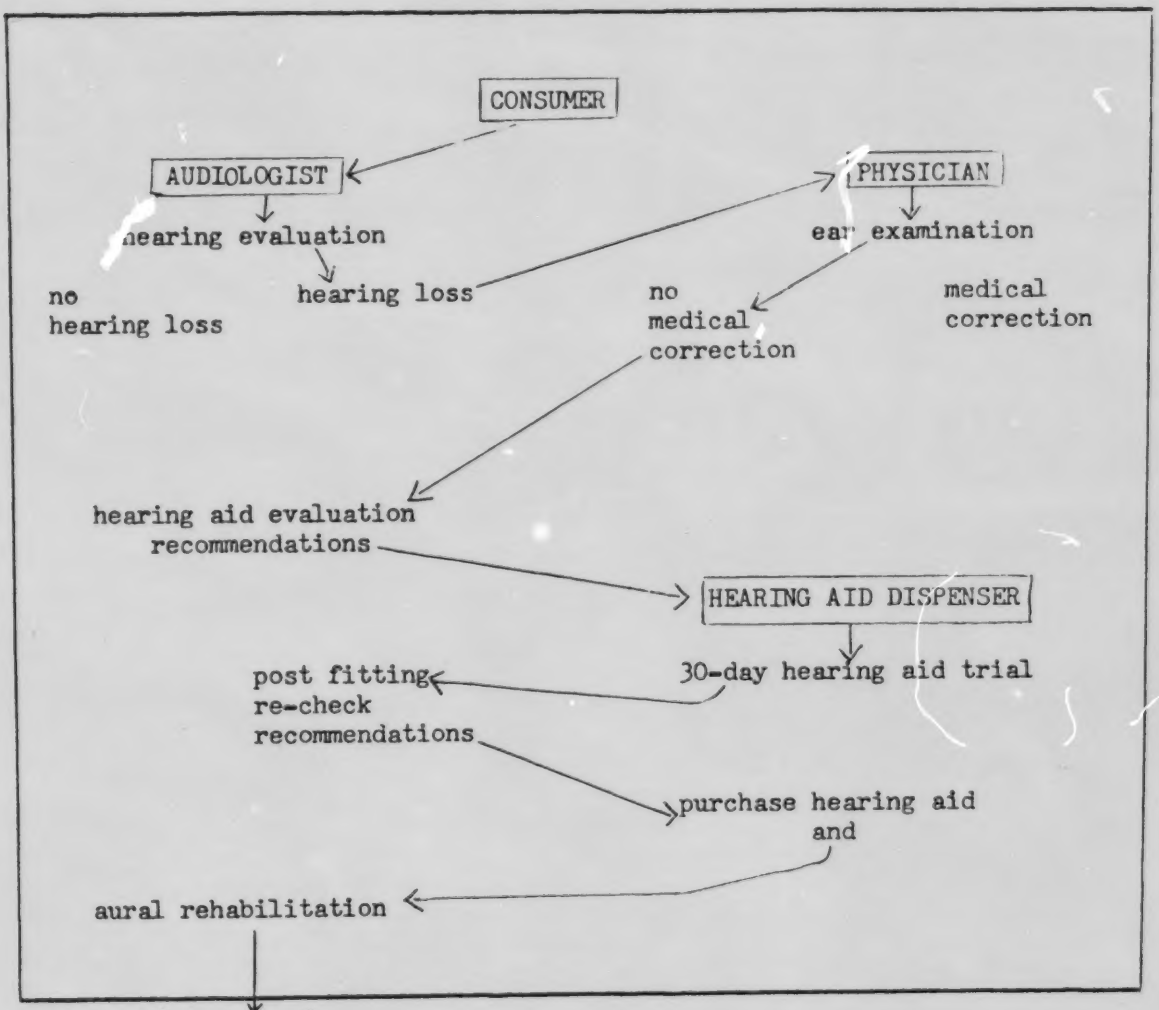
3. A hearing aid evaluation tells whether or not you _____

   _____, and if you do, _____.

4. If a hearing aid is of no benefit, the audiologist may suggest that you try _____.



5. You just received a free hearing screening test and the results indicated that you do not hear as well as would be expected. The technician recommended that you seek further advise about your hearing loss. Plot your way through the flow chart beginning with the audiologist so that you end up by purchasing a hearing aid.



Answer to question 5.

Answers to question 1-4.

1) b, c, e, g.

2) evaluates hearing

3) a) can be helped by a hearing aid
   b) what type will help most

4) aural rehabilitation

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THE IMPORTANCE OF WOMEN RECEIVING REGULAR PAP SMEARS

by
Jane Green

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TITLE OF PACKAGE:	The Importance of Women Receiving Regular Pap Smears
AUTHOR:	Jane Green
INSTITUTION:	Planned Parenthood of Monmouth County, N.J.
INTENDED STUDENTS:	Health educators; field workers in a non-profit health service agency
ESTIMATED WORKING TIME:	20 minutes
MATERIALS NEEDED:	"Don't Put Off Your Pap Smear" (Booklet #1A15 from Searle Laboratories, Box 5110, Chicago 60680); pelvic model; speculum; Surgi-Lube; cervical spatula; glass slide; fixative; cardboard cover; local phone book.
REVISED:	Oct. 15, 1977

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INTRODUCTION

In the next year, you as an educator could be responsible for saving the lives of five women. Uterine cancer ranks as the second most frequent type of cancer among women today.

A pap smear is a simple diagnostic test making early cancer detection possible thereby increasing chances for successful treatment.

The problem is that many of your clients do not seek a pap test for themselves on a regular basis. In this unit we will discover what a pap smear is and what factors motivate a woman to seek one.

OBJECTIVES OF UNIT

Overall Objective

You will be able to convey the importance of a woman having regular pap smears on an annual basis, or as indicated by her physician.

Sub-Objectives

Also, upon completion of this unit, you will be able to:

Describe a pap smear.

Name the materials used in performing a pap test.

Name facilities where women may receive pap screening.

Distinguish between the attitudes of the motivated and unmotivated clients the agency serves.

Emphasize the importance of pap smears to unmotivated women in future group or individual encounters.

Examine the pelvic model, locating the area marked "cervical area."

Then, study the drawings on Page 4 in proper sequence.

Learning Question 1

How would you describe a pap smear to your clients?

You may refer to both the model and the drawings on Page 4 when writing your answer.

Turn to Page 5 to check your answer when you've finished writing.

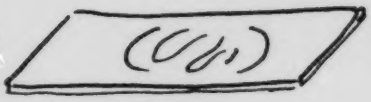
PAP SMEAR:

What is it?

Cervix is scraped with a special spatula

1

Cells are placed on a Microscope slide

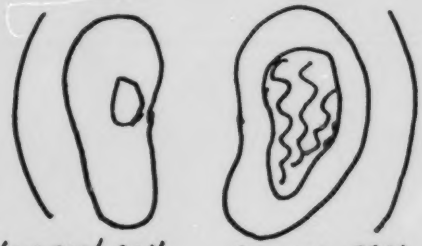


2

Cells are affixed to slide with spray

3

Cells are examined through the Microscope

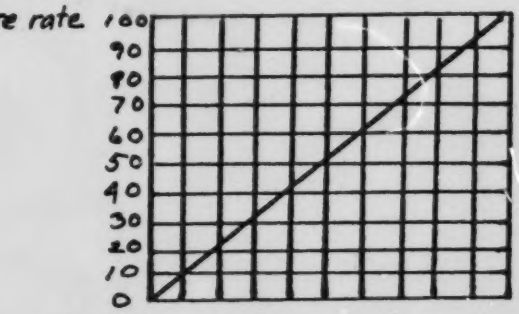


4 Normal cell Cancer cell

A diagnosis is Made.... 42,000 new cases will be found this year—— are you one of them?

5

The earlier the diagnosis, the higher the rate of cure.



6

Answer

Your description of a pap smear, the actual words you use, will of course be different -- but your answer should contain the information I've included:

The pap smear is a test to detect cancer of the cervix of the uterus, and involves scraping of cells which are placed on a glass slide and sent to a laboratory for microscopic examination. It can show cancer in its earliest stages, even before malignant cancer cells invade healthy tissue.

* * * * *

Now study the display of supplies which would be used during a pap test. (If no display is available, study the list on Page 6.) When you think you can list the materials without looking back at the display, move on to. . .

Learning Question 2

What materials are necessary to perform a pap test? You may find that the client occasionally asks you this question. Try to list the materials without looking back at the display.

_____

_____

_____

_____

_____

_____

Answer

Materials used in pap smear testing are:

1. speculum
2. lubrication jelly
3. cervical spatula
4. glass slide
5. fixative (hair spray)
6. folding cardboard cover
7. marking pencil

* * * * *

Facilities where women may receive pap screening include:

Any licensed gynecologist

Health agency:

County department of social services

Planned Parenthood

Hospital GYN Clinic:

University medical centers

Public hospital medical centers

Learning Question 3

Referring to the phone book, list four places, with their phone numbers, where a pap test could be obtained.

1. _____
2. _____
3. _____
4. _____

Answer

If you have named four of your local facilities that match the categories on Page 6, with their telephone numbers, you have answered Learning Question 3 correctly.

* * * * *

You are leading your clients in a group discussion. You have discussed the clinical aspects of a pap smear including the fact that douching, tub baths, and intercourse should be avoided for 48 hours prior to a pap test. (Even though the detection of cancer cells might not be affected, conditions such as yeast infections might go undetected.) You are aware that some clients will receive regular pap tests; others will reject this service.

As a health professional, it is important that you motivate a woman to have regular pap smears on an annual basis, or as indicated by her physician.

A woman who has never experienced a pap smear, especially not within the past year, is probably in the "high risk" category as far as lack of motivation. Other "high risk" factors may be the client's opinion that a pap smear is unpleasant and somehow related to sexuality. She may find it difficult to relax during a pelvic exam or may not have the ability to deal with related problems. Any of these characteristics may identify a "high risk" client.

Learning Question 4A

What motivational factors place a woman as a "high risk" as far as NOT receiving pap smears regularly?

Answer

Factors that place a woman as a "high risk" as far as NOT receiving pap smears regularly:

Lack of motivation (does not view pap smear as important)

Pap test is unpleasant

How she sees herself as a sexual person

Doesn't understand relaxing

Does not have ability to deal with related problems

NOTE: The wording of your answers will, of course, be different, but they should contain essentially the same ideas.

Learning Question 4B

At this time pretend you are one of the clients and answer the questions on values listed below. In the future you will be administering and "grading" this test.

Answer the questions honestly with a "yes" or "no."

1. _____Have you ever had a pap smear?
2. _____Have you had a pap smear within the last year?
3. _____Do you feel that a pap test is a "dirty" or unpleasant exam?
4. _____Do you feel that there is a relationship between your sexuality and your pap test?
5. _____Do you agree with the importance of relaxing as much as possible during an internal examination and pap test?
6. _____Have you ever had a vaginal discharge and not informed your physician or a health agency?

Your answers (or your client's answers) will indicate whether the person is a "Low Motivation/High Risk Client" or a "High Motivation/Low Risk Client."

Low Motivation/High Risk Client	High Motivation/Low Risk Client
1. No	1. Yes
2. No	2. Yes
3. Yes	3. No
4. Yes	4. No
5. No	5. Yes
6. Yes	6. No

Knowing the motivational factor of your client is very helpful to you in your health care work.

SELF-CHECK

1. A client asks you to describe a pap smear test. How would you do so?

_____

_____

_____

_____

2. Name four items used in performing a pap test.

1. _____
2. _____
3. _____
4. _____

3. A woman in your session has asked you to suggest three places where she may have a pap test. Where would you suggest?

1. _____
2. _____
3. _____

4. Describe some values your unmotivated client has accepted for herself in regard to her attitude in obtaining pap testings.

_____

_____

_____

_____

_____

_____

_____

ANSWERS TO SELF-CHECK

1. A pap smear detects cancer of the cervix and involves scraping of cells from the cervix which are examined microscopically.

2. Four items used in performing a pap test are:

   speculum

   lubricant

   cervical spatula

   glass slide

3. Places to receive pap tests are:

   Any licensed gynecologist

   Health Agency:

      County department of social services

      Planned Parenthood

   Hospital GYN Clinic:

      University medical centers

      Public hospital medical centers

4. Values of an unmotivated client could be:

   Never had pap test
   Has not had test within past year
   Feels it is an unpleasant situation
   Feels test is related to her sexuality
   Does not understand importance of relaxation during test
   Does not seek advice regarding vaginal discharge

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DON'T STICK ME WITH THAT NEEDLE!

by

Linda L. Kundert

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TITLE OF PACKAGE:	Don't Stick Me with that Needle!
AUTHOR:	Linda L. Kundert
INSTITUTION:	Tucson (Ariz.) Medical Center
INTENDED STUDENTS:	Children 8-12 years
ESTIMATED WORKING TIME:	20 minutes
MATERIALS NEEDED:	Cardboard cutout of syringe and needle (about 6" long)

FIELD TEST COPY

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I AM A PHLEBOTOMIST

(flea-bot-toe-must)

I TAKE BLOOD FROM A PERSON'S ARM

I HAVE BEEN SPECIALLY TRAINED TO TAKE BLOOD

I HAVE WORKED HARD LEARNING HOW TO TAKE BLOOD AS PAINLESSLY AS POSSIBLE.

I BET THAT YOU WOULD LIKE TO KNOW HOW TO MAKE IT HURT LESS WHEN YOU GET YOUR BLOOD TAKEN.

Circle your answer

WOULD YOU ? ? YES NO

I HOPE YOU ANSWERED YES, MOST PEOPLE DON'T LIKE TO BE HURT ! ! !

NOW....ALL YOU HAVE TO DO IS TO CONTINUE READING AND FOLLOWING THE DIRECTIONS.

HAVE YOU WONDERED WHY YOU HAVE TO BE STUCK IN THE ARM AND BLOOD TAKEN OUT. SOME CHILDREN THINK GROWN-UPS STICK CHILDREN BECAUSE THEY WANT TO HURT THEM. YOU AND I KNOW BETTER THAN THAT ! ! ! !

I WOULD NEVER STICK YOU JUST TO HURT YOU.

ANSWER THIS QUESTION #2 ABOUT HOW YOU FEEL

I AM STUCK BECAUSE A GROWN-UP WANTS TO HURT ME. TRUE FALSE

Circle your answer

IF YOU ANSWERED FALSE----YOU ARE ABSOLUTLY <u>RIGHT</u> ! ! !

GROWN-UPS DON'T LIKE TO HURT KIDS----AND NEITHER DO I ! ! ! ! ! !

THERE ARE MANY REASONS WHY I WOULD STICK YOU IN THE ARM TO GET BLOOD.

I CAN TEST THE BLOOD AND SEE IF YOU ARE WELL.

I CAN TEST THE BLOOD AND SEE IF YOU ARE SICK.

IF YOU ARE SICK, I CAN TEST THE BLOOD AND FIND OUT IF YOU ARE GETTING BETTER.

THIS INFORMATION HELPS THE DOCTOR.

3. KNOWING IF YOU ARE WELL, SICK, OR GETTING BETTER IS VERY IMPORTANT TO YOU. ISN'T IT ! ! !

YES NO

Circle your answer

I HOPE YOU SAID YES, BECAUSE IT IS REALLY IMPORTANT ! ! !

4. LET'S SEE IF YOU REMEMBER WHY IT IS SO IMPORTANT TO HAVE BLOOD TAKEN FROM YOU. CIRCLE THE CORRECT NUMBERS THAT WILL FINISH THIS SENTENCE:

I WOULD STICK YOU IN THE ARM TO GET BLOOD TO TEST TO FIND OUT:

1) IF YOU ARE SICK
2) IF YOU ARE WELL
3) IF I CAN HURT YOU
4) IF YOU ARE A BOY OR GIRL
5) IF YOU ARE GETTING BETTER.

I'M GLAD YOU ANSWERED 1,2, AND 5. THAT MEANS YOU UNDERSTAND WHY YOU HAVE TO BE STUCK.

NOW THAT WE KNOW THAT SOMETIMES IT IS IMPORTANT TO HAVE BLOOD TAKEN, WE NEED TO LEARN HOW TO MAKE IT HURT LESS.

I HAVE LEARNED HOW TO TAKE THE BLOOD AND PRACTICED UNTIL I LEARNED HOW TO DO IT VERY WELL. I HAVE A GAME FOR YOU TO PLAY THAT WILL HELP UNDERSTAND HOW HARD IT IS TO STICK SOMEONE.

LET'S PLAY ! ! ! TURN THE PAGE FOR INSTRUCTIONS.

LET'S PLAY !!

FOR THIS GAME, YOU ARE GOING TO PRETEND THAT YOU ARE A PHLEBOTOMIST.

(flea-bot-toe-must)

YOU ARE GOING TO STICK A CHILD ! !

HERE IS HOW YOU PLAY THE GAME.

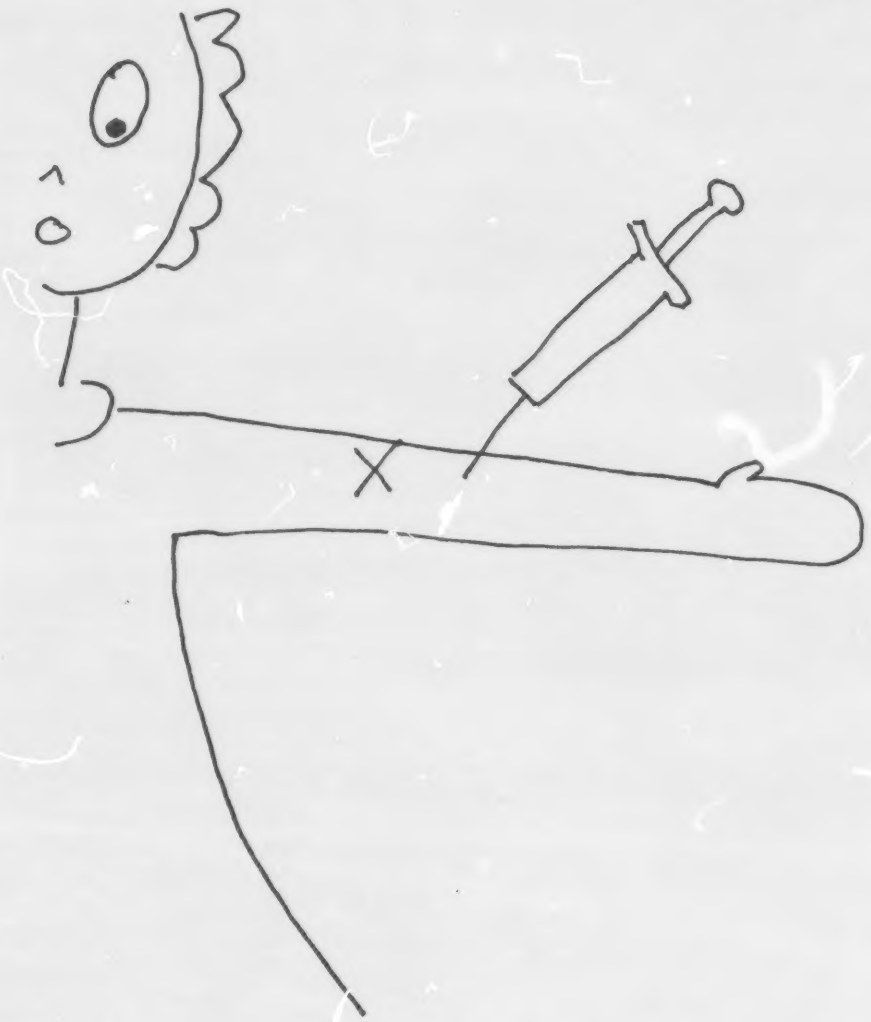
1) FIND THE PICTURE OF THE CHILD ON THE NEXT PAGE. PAPER CLIPPED TO THE PICTURE, YOU WILL FIND A CUT OUT SYRINGE AND NEEDLE. LAY THE SYRINGE AND NEEDLE ASIDE FOR A MINUTE.
2) CHOOSE WHICH ARM YOU ARE GOING TO STICK AND MAKE AN X ON THE SPOT.

NOW COMES THE HARD PART

3) LAY THE PICTURE OF THE CHILD DOWN ON A FLAT SURFACE AND MOVE IT AROUND AND AROUND.
4) WHILE THE PICTURE IS MOVING, TAKE THE SYRINGE AND NEEDLE IN YOUR OTHER HAND TRY TO PUT THE END OF THE NEEDLE ON THE X YOU MADE ON THE CHILD'S ARM.
5) AFTER YOU HAVE TRIED 3 TIMES, GO TO THE NEXT PAGE.

5. IT IS HARD TO HIT THE X, ISN't IT ? ? YES NO

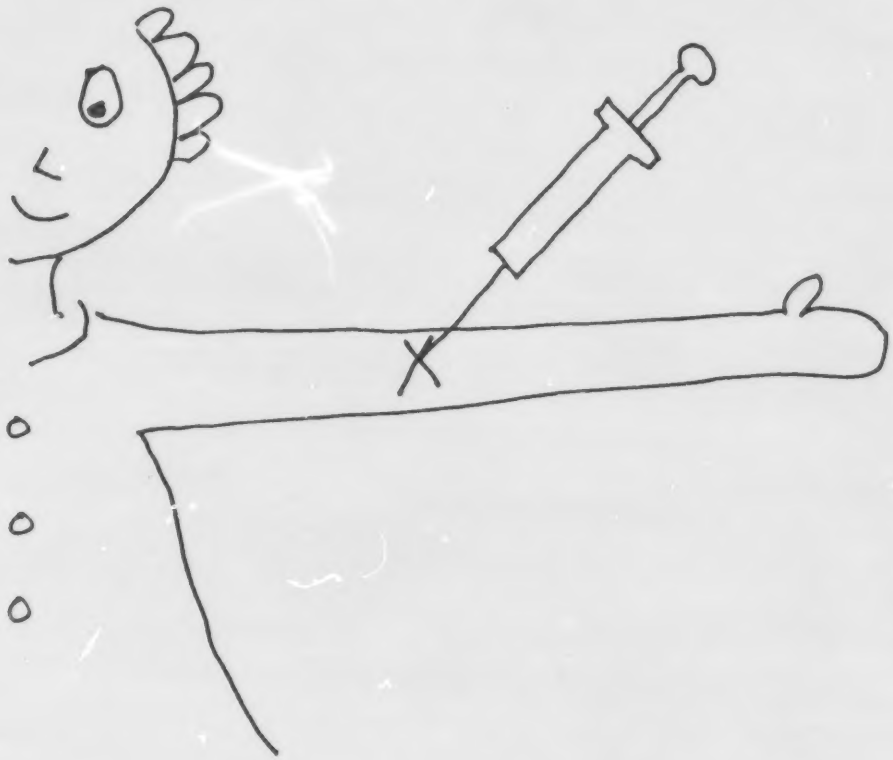
Circle your answer



LET ME TELL YOU WHAT MAKES IT EVEN HARDER. IF SOMEONE ELSE IS MOVING WHILE YOU ARE TRYING TO STICK, IMAGINE HOW HARD THAT WOULD BE.

I BET YOU HAVE ALSO THOUGHT TO YOURSELF THAT YOU WOULD PROBABLY HIT THE X EVERY TIME IF THE CHILD WOULD HOLD STILL.

WHY DON'T YOU TRY IT ! HOLD THE PAPER CHILD VERY STILL AND VERY CAREFULLY TRY TO HIT THE X.



6. DID YOU HIT THE X ? ? ? ? ?

YES NO
Circle your answer

I KNEW YOU WOULD ! ! ! !

YOU HAVE DISCOVERED THE SECRET ALL BY YOURSELF.

IF THE CHILD HOLDS STILL, YOU CAN HIT THE X.

YES NO
Circle your answer

RIGHT ! ! !

NOW THAT YOU HAVE PRETENDED THAT YOU WERE A PHLEBOTOMIST
YOU HAVE LEARNED SOMETHING VERY IMPORTANT TO YOU.
YOU HAVE LEARNED THAT WHEN THE CHILD HOLDS STILL IT IS MUCH
EASIER TO HIT THE MARK.

NOW. . . . . .I AM GOING TO LET YOU IN ON ANOTHER SECRET, IF THE
CHILD MOVES WHEN I AM TRYING TO STICK HIM, IT HURTS MORE BECAUSE I
CAN'T HIT MY MARK ! ! ! !

THAT'S TWO SECRETS THAT YOU KNOW

1) IF THE CHILD HOLDS STILL THE PHLEBOTOMIST CAN HIT THE MARK.

2) IF THE CHILD HOLDS STILL IT DOES NOT HURT AS MUCH.

WHAT IMPORTANT SECRETS YOU KNOW ! ! ! ! ! !

YOU KNOW ANOTHER SECRET TOO....

DON"T YOU ???

YOU KNOW WHAT YOU SHOULD DO WHEN I TAKE BLOOD TO MAKE IT HURT LESS

7. WRITE WHAT YOU SHOULD DO WHEN I TAKE YOUR BLOOD.

_____

_____

LOOK ON THE NEXT PAGE TO SEE THE CORRECT ANSWER.

HOLD STILL

YOU ARE RIGHT !!!

YOU KNOW SO MUCH !!!!

LET'S SEE HOW MUCH YOU KNOW . . . . . .

TURN THE PAGE FOR A LITTLE TEST

HERE IS A LITTLE TEST FOR YOU.

CIRCLE THE CORRECT ANSWER

1. I AM STUCK BECAUSE A GROWN-UP WANTS TO HURT ME. YES NO

2. I AM STUCK TO FIND OUT (circle three correct answers)

   A. IF I AM SICK

   B. IF I AM WELL

   C. IF THE PHLEBOTOMIST CAN HURT ME

   D. IF I AM A GIRL OR BOY

   E. IF I AM GETTING BETTER

3. IT IS HARD TO HIT THE X, WHEN THE CHILD MOVES YES NO

4. IT HURTS MORE IF THE CHILD MOVES WHEN HE GETS STUCK YES NO

5. I WILL TRY HARD TO NOT MOVE WHEN I GET STUCK YES NO

Look for the correct answer on the next page.

IF YOU HOLD STILL WHEN YOU GET STUCK

Y O U G E T A N A W A R D ! ! !

THE PHLEBOTOMIST THAT STICKS YOU WILL FILL OUT THE CERTIFICATE

FOR YOU, AFTER SHE GETS YOUR BLOOD. THE CERTIFICATE IS ON THE LAST PAGE.

CORRECT ANSWER

1. I AM STUCK BECAUSE A GROWN-UP WANTS TO HURT ME. YES (NO)

2. I AM STUCK TO FIND OUT

   (A.) IF I AM SICK

   (B.) IF I AM WELL

   C. IF THE PHLEBOTOMIST CAN HURT ME

   D. IF I AM A GIRL OR BOY

   (E.) IF I AM GETTING BETTER

3. IT IS HARD TO HIT THE X, WHEN THE CHILD MOVES (YES) NO

4. IT HURTS MORE IF THE CHILD MOVES WHEN HE GETS STUCK (YES) NO

5. I WILL TRY HARD TO NOT MOVE WHEN I GET STUCK (YES) NO

THIS IS TO CERTIFY THAT _____
Child's name

CAN HOLD STILL WHEN A PHLEBOTOMIST TAKES BLOOD.

_____ HELD STILL FOR _____
Child's name Phlebotomist's name

ON _____. THE BLOOD WAS USED TO FIND OUT IF
Date

_____ was 1. sick
Child's name 2. well
3. getting better

If the child holds still more than once, record the dates below.

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ALCOHOL AND YOU

By
Michele D. Sandro

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TITLE OF PACKAGE:	Alcohol and You
AUTHOR:	Michele D. Sandro
INSTITUTION:	Central Michigan District Health Department Harrison, Michigan
INTENDED STUDENTS:	Educators; Public
ESTIMATED WORKING TIME:	15 minutes
MATERIALS NEEDED:	None
REVISED:	October 1, 1977

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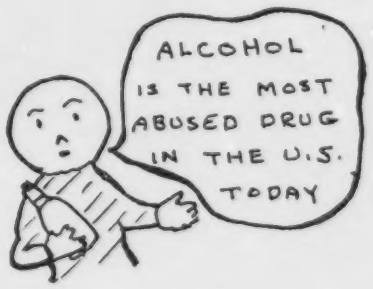
INTRODUCTION

Dear Colleague:

Widespread drug abuse among young people at all levels of American society today has presented our schools with a set of critical and unprecedented problems. Few people need to be informed at this point that problems resulting from drug use, misuse, and abuse do exist, but confusion about how the schools should react to the drug situation is almost as great as the problem itself.

This self-instruction unit "Alcohol and You" was designed to assist you in acquiring basic information concerning alcohol and its effects on the body.

I hope this information will be only the beginning as you take it upon yourself to further explore our nation's number one drug problem. Ask yourself how alcohol is affecting the personal and professional lives of you and the people you reach.



OBJECTIVES OF UNIT

Overall Objectives

- The person who completes this unit will be able to effectively communicate the effects of alcoholic beverages on the body.

Sub-Objectives

You will:

- describe the drug alcohol and its uses.
- explain alcohol proof and percent.
- explain how the body absorbs and metabolizes alcohol.
- explain blood alcohol concentration and its effects on driving ability.
- explain the dangers of mixing alcohol with other drugs.
- effectively communicate the effects of alcoholic beverages on the body.

In addition, it is hoped you will anonymously report that this unit was of some importance and interest. Your answers will not be graded. They will only be used to improve the package.

Alcohol is a drug; in fact, it is the most commonly used - and misused - drug in the United States. Alcohol has legal acceptance; so most of the public does not see alcohol as a drug.

Ethyl alcohol, or ethanol, is the main alcohol used in beverages. Ethyl alcohol is a depressant and has within its structure the chemical power to depress the action of the central nervous system (depression of physical functions, not feelings of depression). It is important to note that alcohol may be classified as a sedative, tranquilizer, hypnotic or anesthetic drug, depending on the quantity consumed.

Practice Questions — Circle the one best answer

1) Which alcohol is the main alcohol used in beverages?

   a. methyl alcohol
   b. ethyl alcohol
   c. isopropyl alcohol
   d. butyl alcohol

2) Why is alcohol the most commonly used and misused drug in the United States?

   a. it has legal acceptance
   b. the public does not see alcohol as a drug
   c. it's a stimulant
   d. both a and b

3) Which classification of drugs can alcohol be classified under?

   a. sedatives
   b. tranquilizers
   c. hypnotics
   d. anesthetics
   e. all the above

The correct answers to the proceeding three questions are as follows:

1) b 2) d 3) e

You are off on an excellent start. Let us move on.....

Proof is twice the alcoholic content. A 90 proof beverage contains 45 percent alcohol; 80 proof, 40 percent; 100 proof, 50 percent.

Practice Questions Circle the one best answer

4) In the United States, the term proof means?

   a. Half the percent of alcohol by volume.

   b. double the percent of alcohol by volume.

   c. percent of alcohol by volume subtracted from 100.

5) Which example is correct in determining the proof and percent of alcohol content in a beverage?

   a. 90 proof beverage contains 40 percent alcohol.

   b. 50 proof beverage contains 100 percent alcohol.

   c. 80 proof beverage contains 40 percent alcohol.

BEER and ALE
3-6% ALCOHOL

WINE
regular wine
12-14% ALCOHOL
DESSERT WINES
(PORT and SHERRY)
17-21% ALCOHOL

HARD LIQUOR
(WHISKEY, GIN, VODKA, RUM-)
40-50% ALCOHOL
(80-100 PROOF)

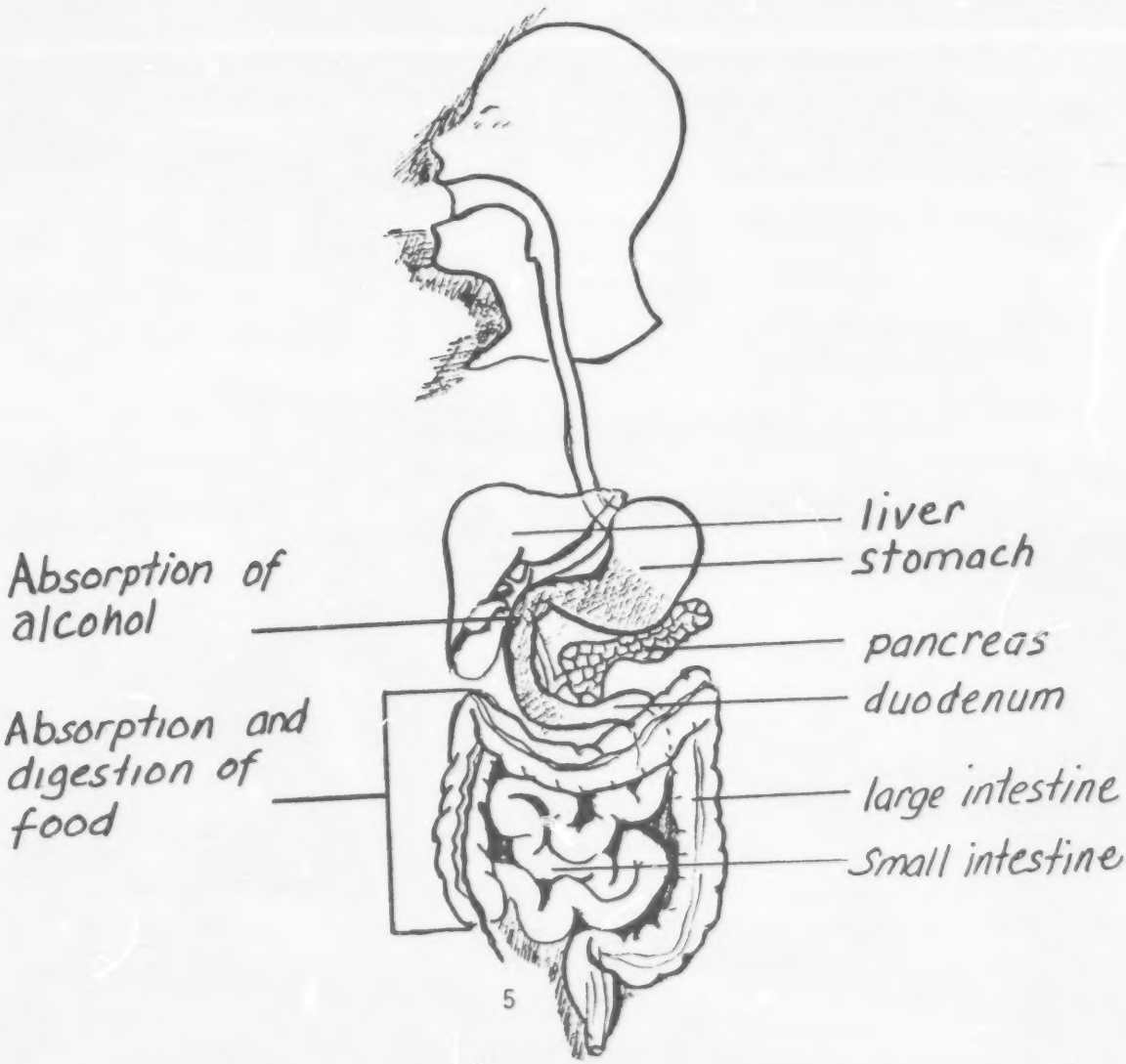
Good for you if you correctly circled:

4) b 5) c

This is important information to know. Let us see what else we can learn.....

Since alcohol is already in liquid form it is ready for absorption into the blood immediately after ingestion. It is not changed chemically in the stomach or intestine as food is during the digestive process. Ninety-five percent of the alcohol is absorbed in the stomach and small intestine.

Once absorbed into the bloodstream and carried throughout the body, alcohol undergoes metabolic changes. Most of these processes occur in the liver.



Practice Questions Circle the one best answer.

6) Where is approximately 95% of the alcohol taken into your body absorbed?

a. stomach

b. small intestine

c. stomach and small intestine

d. small intestine and large intestine

7) Once absorbed into the bloodstream and carried throughout the body, alcohol undergoes metabolic changes. Most of these processes occur in the:

a. bloodstream

b. large intestine

c. stomach

d. liver

WHAT DOES ALCOHOL ACTUALLY DO TO PEOPLE?
(1.) ENTERS BLOODSTREAM AND CIRCULATES TO ALL PARTS OF THE BODY WITHIN A FEW MINUTES. ABSORPTION IS SLOWED BY FOOD IN THE STOMACH.
(2.) ALCOHOL "KNOCKS OUT" CONTROL CENTERS OF THE BRAIN, RESULTING IN INTOXICATION.
(3.) THE BODY BURNS ALCOHOL AT THE RATE OF ABOUT ½ OZ. PER HOUR. (90% broken DOWN BY LIVER, 10% ELIMINATED VIA LUNGS AND KIDNEYS.)

Good for you if your answers to question 6 and 7 are:

6) c 7) d

Beautiful job and half-way through! Let us move on.....

Blood alcohol levels are given in milligrams of alcohol per 100 milliliters of blood. Several ranges of blood alcohol concentration are distinguished in American conceptions and laws, but at 0.10% a driver would be considered legally intoxicated in all states of the United States.

Being able to "hold one's liquor" depends on a variety of circumstances; the presence of food in the stomach, the rate of consumption of alcohol, and the concentration of alcohol.

Practice Questions Correctly answer the following questions.

8) In any state in the United States you would be considered legally intoxicated if your blood alcohol level reached _____%?

9) Being able to "hold one's liquor" would depend on what circumstances:

_____

_____

_____

I'M MORE ALERT AFTER A COUPLE
HOW LONG TO SOBER UP?
ABOUT 1½ HOURS FOR EACH DRINK CONSUMED.
—BLACK COFFEE, COLD SHOWERS, FRESH AIR..... DO NOT HELP

The correct answers are:

8). 0.10%

9). presence of food in the stomach
rate of consumption of alcohol
concentration of alcohol

I am proud of you, and we are almost through.....

Interaction between alcohol and other drugs may contribute to fatal automobile accidents, and accidental or suicidal deaths in individuals who have consumed narcotics, barbiturates, tranquilizers, or other hypnotic-sedative drugs along with alcohol. For example, a combination of alcohol and barbiturates may produce what is often referred to as synergism or potentiation. That is, the depressant action of each drug potentiates or increases the depressant action of the other, grossly exaggerating the usual response expected from alcohol or barbiturates alone, resulting in increasing depression of the central nervous system. For example, two drinks with two pills could give a reaction of ($2^2 = 8$) rather than $2 + 2 = 4$).

Practice Question

10) Define synergism or potentiation:

If you answered correctly, your definition of synergism or potentiation will state:

> the depressant action of each drug potentiates or increases the depressant action of the other.

This was a difficult section, but you have done well.... onward....

Alcohol is a central nervous system depressant and works like other anesthetic drugs. It is important to note that the speed with which alcohol enters the brain depends on several things: how fast you drink, whether your stomach is empty or full, what you drink, how much you weigh and where you drink.

Another fact about alcohol usage is that chronic consumption of large amounts of alcohol over long periods of time seems to alter the sensitivity of the central nervous system to the effects of alcohol. As a result, larger amounts are required to produce the same effect. The pharmacological term for this central nervous system sensitivity is "tolerance".

WHAT IS ALCOHOL?
CHEMICALLY
IT'S C_2H_5OH OR ETHYL ALCOHOL (A COLORLESS LIQUID WITH A SHARP, BURNING TASTE.)
MEDICALLY
IT'S A DEPRESSANT DRUG THAT SLOWS THE ACTIVITY OF THE BRAIN AND SPINAL CORD.

Practice Question

11) Explain "Tolerance":

Your correct response in defining "tolerance" should state: Tolerance is the result of central nervous system sensitivity to the effects of alcohol in which larger amounts are required to produce the same effect.

After you study the figure below you will be finished, You have done a superb job. Let us see what you remember on the Post-Test.

SELF-CHECK

True or False

____ 1. Alcohol is correctly classified as a drug?

____ 2. Alcohol is a stimulant?

____ 3. Alcohol is the most commonly used and misused drug in the United States?

____ 4. Ethyl alcohol, or ethanol, is the main alcohol used in beverages?

____ 5. The term proof designates half the percent of alcohol by volume?

____ 6. Alcohol is absorbed into the system and digested in the same way that food is?

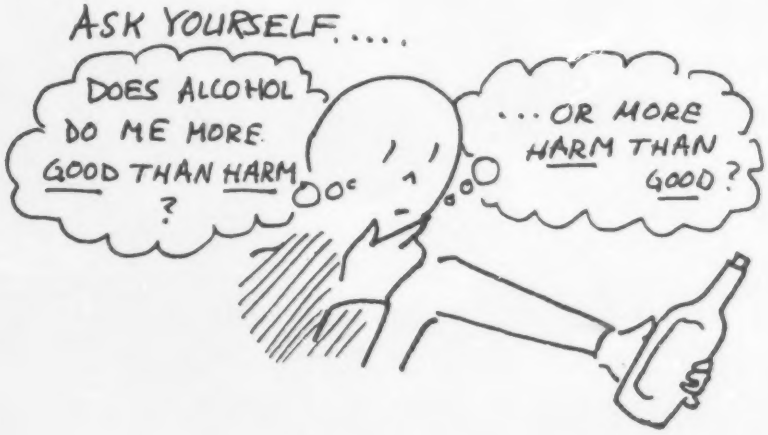
____ 7. Most of the metabolic changes of alcohol occur in the stomach?

____ 8. A blood alcohol level of 0.10% or above is considered legal intoxication in any state in the country?

____ 9. In consuming alcohol with other drugs, the depressant action of each drug can increase the depressant action of the other?

___ 10. "Tolerance" is a central nervous system sensitivity where larger amounts of alcohol must be consumed to produce the same effects?

WOW! With only a few minutes of your time you have learned some basic information about how alcohol can effect your body....and it didn't even hurt!!!



ANSWERS TO SELF-CHECK

1). T

2). F

3). T

4). T

5). F

6). F

7). F

8). T

9). T

10). T

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THE VENEREAL DISEASES

by

Kathy Gunn

Lauren Richardson, Illustrator

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TITLE OF PACKAGE:	The Venereal Diseases
AUTHOR:	Kathy Gunn
INSTITUTION:	Arizona Department of Health Services
INTENDED STUDENTS:	Public
ESTIMATED WORKING TIME:	30 minutes
MATERIALS NEEDED:	None
REVISED:	Sept. 1, 1977

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WHAT ARE THE VENEREAL DISEASES (THE V.D.'s)?

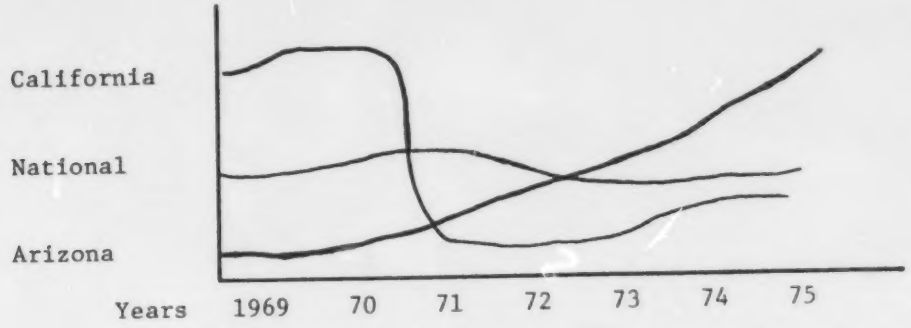
Venereal Diseases are communicable diseases passed by person to person contacts, usually in sexual intercourse. They are one of America's greatest health problems today . . . and are getting worse. These diseases can be controlled just as many other diseases can. Ignorance is the main reason for their ever increasing incidence.

This Self Instructional Learning Packet will enable you to learn the facts about the V.D.'s and how you can help in their control. Until we have a vaccine available - control is all we have. So let each of us take the responsibility for our health and the health of our community.

PRACTICE EXERCISE 1

Did you know that because you are over 14 years and under 30 years old you are in the age group most exposed to and in danger of contracting a V.D. Your age group, 14-29 years, accounts for most of the increase in the spread of V.D.'s - Nationally, Statewide, in Maricopa County, and the Navajo Nation.

The rate (incidence) of V.D. in Arizona is higher than the National rate. Some other States including California have decreased the rate of V.D. in their population to a level of and below the National average. Arizona has not. Protect yourself, learn the facts, particularly if you are in the 14-29 year age group.



Except for the common cold, the V.D.'s account for more than all other communicable diseases combined.

Practice Question 1

A. In Arizona - Is the incidence of V.D. higher or lower than the National average? Check your answer:

Higher _____ Lower _____

B. Nationally - What age group is the highest contributor to the incidence and most at risk for contracting a V.D.?

PRACTICE EXERCISE 1 (Cont.)

Feedback

A. If you checked higher, you're right. The incidence for V.D. in Arizona is hgiher than the National average.

B. And the 14-29 year old age group accounts for the highest rate and is more in danger of contracting a V.D.

Now that you are aware of an ever present danger to your health, read on and learn how you can take care of this problem.

PRACTICE EXERCISE 2

Prevention

There are many precautionary measures that, if followed, can prevent you from contracting a V.D. The first and most obvious one is to never have sexual relations with someone you suspect might be sexually active with more than one partner. Even then - you run the risk, for how do you know?

The next best precautionary measure is the correct use of a condom (rubber) by the male. This is reckoned to be 90-98% effective in preventing V.D. transmission if properly used.

Personal hygiene practices of washing the genital areas with soap and water immediately after intercourse may also prevent transmission of the V.D.'s if this practice is followed without fail.

PRACTICE EXERCISE 2 (Cont.)

Practice Question 2

A. List the two (2) best precautionary methods for preventing a person from becoming infected with V.D.

(1) _____

_____

(2) _____

_____

B. Check One

Will washing the area with soap and water after intercourse prevent the spread of V.D.'s?

_____ It will. _____ It may. _____ It will not.

Feedback

A. Of course, the two best precautionary measures are:

1. Do not have sexual relations with a person you have reason to believe could have been exposed to a V.D.

2. Use a condom.

B. Washing with soap and water (a good hygiene practice) immediately after sexual intercourse may prevent a person becoming infected with a V.D.

Practice these measures and you will not be a statistic in the ever increasing V.D. epidemic.

PRACTICE EXERCISE 3

The pill may have played a part in the V.D. epidemic, for in some women the pill changes the chemical state of the vagina from an acid state (which often kills the V.D. germs) to an alkali state (which is hospitable to the growth of V.D. germs). Also, with the use of the pill, other methods of contraception declined (e.g.: use of condom, foams and jellies.)

PRACTICE EXERCISE 3 (Cont.)

Practice Question 3

A. Does the use of the pill contribute to the higher incidence of the V.D.'s

Yes _____ No _____

B. If so, how? (More than one answer can be correct.)

(1) _____ Change of chemical state of vagina.

(2) _____ Less use of condom, and other contraceptive devices.

Feedback

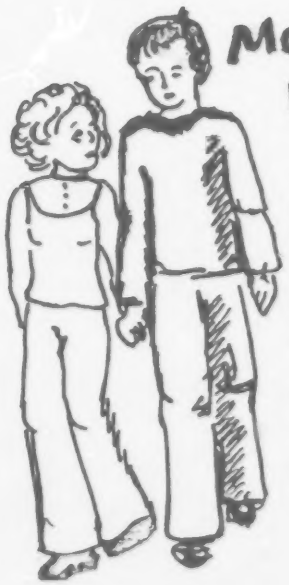
A. As you have learned, the pill prevents a pregnancy from occurring but it may be a contributor to the increase in V.D. So you may consider either a Yes or No answer as correct.

B. If you check both (1) and (2) you are correct.

The pill in some women changes the chemical state of the vagina to an alkali state, which is hospitable to the growth of V.D. germs.

Also, with the pill, other methods of contraception (use of condom, foams and jellies) have declined.

When you tie all these things together I'm sure you realize that a lot of thought should be given before making decisions. Sadly, not everyone thinks first.



MORE SEXUAL FREEDOM FOR TEEN-AGERS

New contraception methods plus more sexual freedom for teen-agers plus lack of education about V.D. have led to an increasing V.D. rate. Infected minors often go untreated and continue to spread disease.

PRACTICE EXERCISE 4

The signs and symptoms of Gonorrhea are:

Male - 2-7 days after infection

1. A burning feeling when urinating
2. A discharge (pus) from the penis.

In some males these symptoms may not be apparent for up to 30 days after infection.

Some males may never have these symptoms. These males are called asymptomatic. Only when they have been tested for V.D. or named as a contact is their infection discovered.

Female

1. Vaginal discharge.
2. A burning feeling when urinating.

But 7 out of 10 females have no symptoms at all for many months after infection. She is asymptomatic. Having no idea that she is infected she may be a source of infection to others. For this reason the female is called the Reservoir----she holds the germ.

While she is untreated her infection progresses and serious complications may develop.

Please reread the above input again very carefully. It contains a great deal of valuable information that you should remember for the rest of your life.

Practice Question 4

A. List two (2) symptoms of Gonorrhea in the male.

(1) _____

(2) _____

B. List two (2) symptoms of Gonorrhea in the female.

(1) _____

(2) _____

C. What is meant by the term asymptomatic?

_____

D. Why is the female considered the Reservoir of Gonorrhea?

_____

_____

_____

Feedback

A. (1) Burning feeling on urination

(2) Discharge (pus) from penis

B. (1) Cramps in the abdomen

(2) Discharge from vagina

C. Asymptomatic means without symptoms

D. The female is considered the reservoir for gonorrhea because seven out of ten times she has it, doesn't know it, and passes it on.

PRACTICE EXERCISE 5

The signs and symptoms of syphilis are in three (3) stages.

Male and Female

1st Stage:

10-90 days after infection - a painless sore appears on or near the genitals or where the organism entered the body. This sore is called a chancre (shanker).

2nd Stage

Sore goes away and germs enter blood stream - 3 - 6 weeks later any or all of the following may occur:

A rash on any part of the body

Sores in the mouth

Headache

Sore throat

Fever

Falling hair

But many people have none of these symptoms. Both are highly infectious.

3rd Stage:

No symptoms till 5 - 20 years

The first stage of syphilis may go unnoticed in the female for the sore/chancre may be within the vagina and so unseen.

A. What is the symptom of the first stage of syphilis?

_____

_____

B. List 3 or more symptoms of second stage syphilis.

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

C. Is the first stage symptom always apparent?

Yes _____ No _____

D. If you answered No to question C, why would this be true?

_____

_____

_____

Turn the page to check your answers.

A. 10 to 90 days after infection, a painless sore appears on or near the genitals or where the organism entered the body. This sore is called a chancre (shanker). (Your answer, of course, won't be word for word, but it should have the same basic meaning.)

B. (Your list of symptoms may be in any order.)

(1) A rash on any part of the body

(2) Sores in the mouth

(3) Headache

(4) Sore throat

(5) Fever

(6) Falling hair

C. No

D. The first stage of syphilis may go unnoticed in the female for the sore/chancre may be within the vagina and so be unseen.

Now to the last major, ever escalating V.D. - Herpes V2

PRACTICE EXERCISE 6

Herpes Virus 2 - HV2 is more common among females than males. There is no cure for this disease. The incubation period for Herpes is not known.

Symptoms in male and female:

Small, painful bumps or blisters appear in genital area and on genital organs. These bumps or blisters erupt and become open sores (like cold sores or fever blisters on the mouth). Between 10 - 20 days these disappear, but the virus does not leave the body. The infection may re-occur at any time, particularly when the body is weakened by fever, emotional upset, fatigue, etc.

The best defense against re-occurrence of Herpes V2 is to maintain the body in a state of good health by sufficient good food, rest and exercise.

The sores in the female may be internal and so not seen. Other symptoms may include headache, fever, general tiredness, swelling of lymph nodes.

Reread what is known about Herpes Virus 2. It will be time well spent, for the little quiz that is to come -- but more important it is information you should remember.

Practice Question 6

A. What are the symptoms of Herpes V2?

Name as many as you can.

B. When is HV2 likely to re-occur?

C. What is the best defense against re-occurrence of Herpes V2?

Feedback

A. Small, painful bumps or blisters on or around the genital organs, they can be internal in the female.
Headache, fever, general tiredness, swelling of the lymph nodes.
(Your answer, and the answer given above will not, of course be exactly the same, word-for-word, but your answer should contain basically the same information. This holds true for your answers to B and C, too)

B. The disease/infection may re-occur at any time, particularly when the body is weakened by fever, emotional upset, fatigue.

C. To maintain the body in a state of good health by sufficient good food, rest and exercise.

PRACTICE EXERCISE 7

The pain of Herpes can be alleviated, but Herpes cannot be cured. Gonorrhea and Syphilis can be cured at any stage. The damage already done to the body cannot. Therefore, it is most important that you be alert to the appearance of the signs and symptoms of these diseases and promptly seek diagnosis and treatment.

These diseases should only be diagnosed and treated under the direction of a physician. Only a physician is licensed to diagnose and prescribe treatment. The treatment may vary with the individual and diagnosed stage of the disease, and only a physician is qualified to determine the type of treatment needed.

You can receive treatment privately in your physician's office for a fee or at the local Health Clinic for free. Minors may be treated for V.D. without parental consent.

Practice Question 7

A. Who is the professional qualified to diagnose and treat V.D.? Make a check mark after the person you believe is most qualified to diagnose and treat V.D.

(1) Nurse _____

(2) Community Health Representative _____

(3) Pharmacist _____

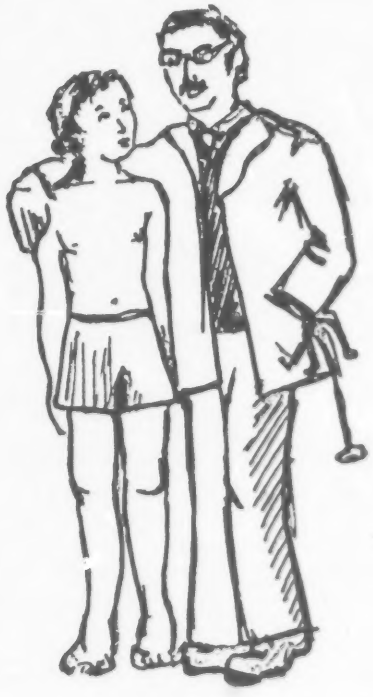
(4) Physician _____

B. If you go to the local Health Center will you be charged a fee?

Yes _____ No _____

C. Can minors be treated for V.D. without parental consent?

Yes _____ No _____



Feedback

A. If you checked (4) Physician you are correct. A physician is the only person qualified to diagnose and treat a V.D. correctly. Don't believe that friends who have a supply of penicillin can assure a cure. Be safe - go to a doctor!

B. If you checked No you are right again. The local Health Center will treat you free.

C. Yes is the correct answer. Minors can be treated for V.D. without their parents consent.

PRACTICE EXERCISE 8

As you learned earlier in this learning exercise, many people with V.D. have no symptoms. Knowing this, consider the following examples:

You have been diagnosed as having a V.D.

You got it from somewhere, you may or may not know where.

The person you got it from might not know they have it.

They may pass it on to others.

It may progress in them if they don't get treatment.

They may reinfect you.

You may have infected someone else.

Practice Question

Would you rather tell them yourself and get them to go for treatment?

Yes _____ No _____

Who would you most likely tell: Close friends? _____

Casual friends? _____

No one? _____

Feedback

This is a very hard decision to make for all sorts of values are involved.

If you could not tell the person involved yourself, go on to Practice Exercise 9.

PRACTICE EXERCISE 9

You have a V.D. but are too embarrassed to tell the person you got it from or may have given it to. At the Clinic, V.D. Investigators are specially trained to handle, with complete confidentiality, all cases of V.D.

If you name your "contacts" to the Investigators, they will contact the people whose names you gave and tell these people that they have been exposed to a V.D. without naming you. Complete confidentiality is maintained, and everyone involved receives treatment.

Practice Question

Would you tell the Investigators the names of the contacts so that these people can receive treatment?

Yes _____ No _____

Feedback

You would! Good for you. You see, there is another way to handle the problem.

PRACTICE EXERCISE 10

We are screened on various occasions for all sorts of diseases that pose a problem to the public health. This is how so many communicable diseases have been eradicated or controlled. Some examples are:

T.B.	Diphtheria
Rubella	Tetanus
Typhoid	Hepatitis
Meningitis	Smallpox

V.D. is a communicable disease that is a threat to the public's health. Periodic screening of people sexually active with more than one partner can help remove this threat. Breaking the chain of transmission by naming contacts and so ensuring their treatment can also do much to help control this public health hazard.

PRACTICE EXERCISE 10 (Cont.)

Practice Question

If you or friends were sexually active with more than one partner, would you have and suggest periodic check-ups for V.D.?

Yes _____ No _____

Feedback

If you said yes to this last question , you really have "got it all together".

May all go well with you.

Please do not write on this page - Use Answer Sheet

POST TEST

Circle one

1. Given the morbidity rates by State, County, and Nationally, Arizona's morbidity rate is higher lower than the National average.

2. The V.D.'s account for more than all other reportable communicable diseases combined. True False

3. Syphilis and Gonorrhea are more prevalent in which of the following age groups:

   0 - 13 years 30 - 45 years

   14 - 29 years 46 - 80 years

4. Washing the genital areas and urination immediately after sexual activity:

   will may will not

   prevent transmission of the V.D.'s.

State briefly in your own terms answers to the following:

5. The use of the birth control pill has contributed to the rise in the incidence of gonorrhea. How and Why?

   _____

   _____

   _____

6. Why is the female considered to be the "reservoir" for the disease of gonorrhea?

   _____

   _____

   _____

7. Does a person always have some sign or symptom to alert them to the fact that they may have contacted a V.D.? If not, why not?

_____

_____

_____

8. If the signs and symptoms are apparent, list 2 for each of the following diseases:

Herpes V2 _____

_____

Syphilis _____

_____

Gonorrhea _____

_____

9. Of the following health professions, to whom would you go for treatment if you suspected that you had been exposed to V.D.?

Community Health Representative Physician

Medicine Man Nurse

Why did you choose this person?

_____

_____

Circle One

10. If you had a V.D. would you tell your contacts to go for treatment?

Yes NO

Please do not write on this page - Use Answer Sheet

POST-TEST (Cont.)

11. Would you be willing to name your contacts to public health officials if you yourself could not contact them?

Yes No

12. The spread of a communicable disease is everybody's business.

Yes No

13. Do you believe that if a person has a V.D. it's nobody else's business except that person and a doctor?

Yes No

14. If you could, would you rather tell you "contacts" or have a public health official do it?

Me Health Official

15. If you suspected/knew that you had been exposed to hepatitis would you seek treatment?

Yes No

16. If you suspected/knew that you had been exposed to a V.D. would you seek treatment?

Yes No

17. A sexually active person with more than 1 partner should be screened or checked for V.D. regularly.

Yes No

ANSWERS TO POST-TEST

1. HIGHER
2. True
3. 14 - 29 year age group
4. May
5. Less use of condom

   Change in chemistry of vagina so germs may live
6. Host for germs

   May not know she has disease and so spread it
7. No - It may be internal and so not seen.

   Person may be asymptomatic
8. 1. Herpes - fever blisters - pimples, headache, tiredness, fever, swelling of lymph nodes

   2. Syphilis - painless sore/chancre, rash, headache, sore throat, fever, hair fall out

   3. Gonorrhea - burning on urination (men) - discharge (men and women) - abdominal cramps (women)
9. Physician . Diseases should only be diagnosed and treated under direction of physician.
10. See question 11 before marking
11. Yes if undecided on 10
12. Yes
13. No
14. Depends on answers to 10 and 13
15. Yes
16. Yes
17. Yes

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